



## PART B – FEE(S) TRANSMITTAL

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20985            7590            02/11/2005

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**SAN DIEGO, CALIFORNIA 92130**

04/29/2005 WABDELR3 00000027 09837876

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Teri Barnett	(Depositor's name)
	
4/26/05	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/837,876	04/17/2001	Scott M. Perry	07319-005002	8130

### TITLE OF INVENTION: METHOD AND DEVICE FOR CREATING A FACSIMILE OF AN IMAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/11/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HSIA, SHERRIE Y	2614	348-135000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

[ ] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Production Resource Group Inc.

New Windsor, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [X] corporation or other private group entity [ ] government

4a. The following fee(s) are enclosed:

[X] Issue Fee  
[X] Publication Fee (No small entity discount permitted)  
[X] Advance Order - # of Copies 10

4b. Payment of Fee(s):

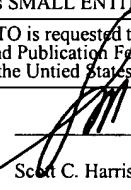
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[X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

[ ] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7.

[ ] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature) 

(Date) April 26, 2005

Typed or Printed Name Scott C. Harris

Registration No. 32,030

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